

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-898272

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
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14		2		1		
15	1	2	1	1		
16		2		1		
17		2		1		
18		2		1		
19		2		1		
20		2		1		
21	1	2	1	1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
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49						
50						
TOTAL IND.	↓	4	↓		↓	
TOTAL DEP.	←	26	←		←	
TOTAL CLAIMS		30				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						